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(Req	uestor's Name)	
Äddi	ress)	
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(City/	/State/Zip/Phone	e #)
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COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

SUBJECT: BLOSSOM BEAUTY	u c
Name of Lim	ited Liability Company
The enclosed Articles of Amendment and fee(s) are sub	mitted for filing.
Please return all correspondence concerning this matter	to the following:
<u> </u>	Name of Person
	Name of Person
PUDSSOWA	BEALTA
	BEAUTY Firm/Company
105 Plaintat	MON POINT DRIVE
	Addicase
ST AUGUST	INE FL 32084
	City/State and Zip Code
<u>blossom k</u>	to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please c	all:
Tannil Diago	757 277 EQUI
Name of Person	at (352) 327 5841 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy ☐ Certificate of Status &
/ Certificate of Status	(additional copy is enclosed) Certified Copy
	(additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLOSSAU BEX	uty_	LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now app	ocars on our records.))	_
,	•			
The Articles of Organization for this Limited Liability Company v	were filed on	1114/2015	1 and	l assigned
Florida document number <u>L19000276327</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	lity company	<u>/ here</u> :		
The new name must be distinguishable and contain the words "Limited Liability	ıy Cempany," tl	he designation "LLC"	or the abbreviation	n "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
			729	
				777
B. If amending the registered agent and/or registered office a	ddress on ou	ir records, <u>enter tl</u>	he name of the	new registered
agent and/or the new registered office address here:				113
			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Name of New Registered Agent:			- <del></del>	
New Registered Office Address:			A. 10	
	Enter	Florida street address		
		. Flor	rida	
	City		Zip C	Code
New Registered Agent's Signature, if changing Registered Agent:				

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	TAYLOR BRASS	105 PANTATION POINT D	2_ DAdd
			□Remove
			🗆 Change
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			Remove
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f an ef Note:	ive date, if other than the date of filing:
record is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
	5/6/ 2020
Dated	
Dated	
Dated	Signature of a member or authorized representative of a member